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ABSTRACT

This guide was developed out of a 5-year project aimed at preventing the transmission of the human immunodeficiency virus (HIV) by promoting HIV prevention and AIDS (acquired immunodeficiency syndrome) education in school health programs. This document includes recommendations of a January, 1989 forum which addressed HIV prevention education for special education students, results of a review of existing curricula, and information on a training model which calls for teams of health educators and special educators to collaborate on the planning and delivery of instruction. The introduction describes the sponsoring organizations. A summary of the forum conclusions addresses the roles of professionals, parents, and children and youth with special needs as well as specific deficiencies discovered in instruction and curriculum; recommendations are provided under such topics as policy, training, inservice, statewide activities, curriculum, and instruction. Basic information about HIV and AIDS is presented next and includes information on risk factors for children and the role of education in helping stop the spread of AIDS. Policies, resolutions, and principles of several organizations for AIDS prevention education are presented next. Curriculum information is provided in the final section and includes a checklist for a good AIDS curriculum, a listing of curricula receiving favorable reviews, a sample AIDS curriculum, and a sample lesson plan. A list of resources including 14 materials, a database, three hotlines, and sources of training conclude the guide. (DB)

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HIV PREVENTION AND AIDS EDUCATION:

RESOURCES FOR SPECIAL EDUCATORS

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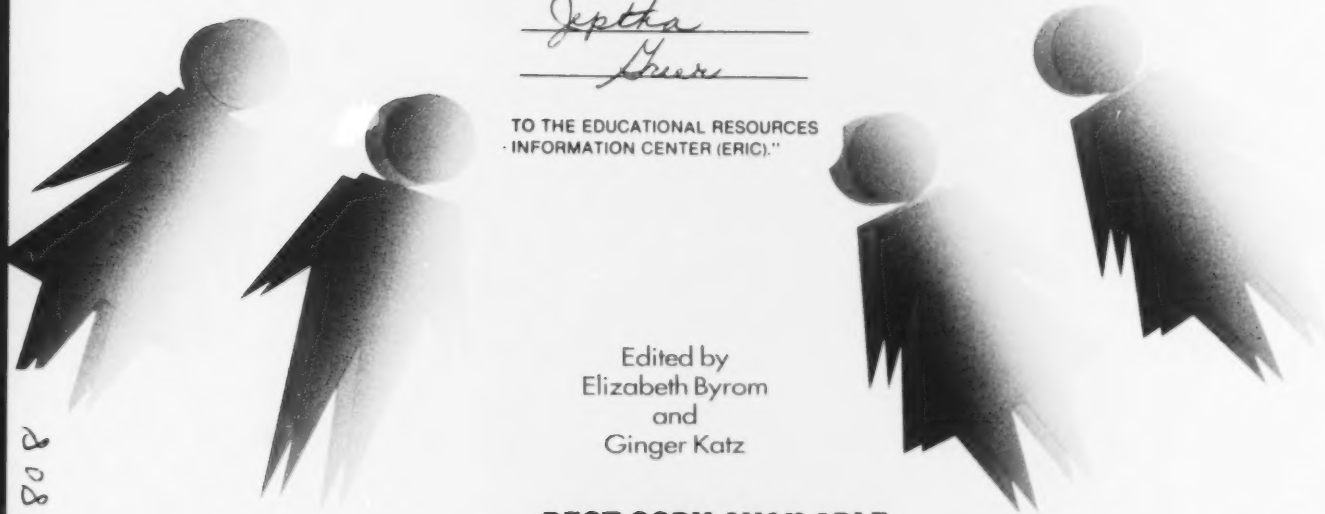

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Association for the Advancement of Health Education

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CEC THE COUNCIL FOR EXCEPTIONAL CHILDREN

HIV PREVENTION AND AIDS EDUCATION:

RESOURCES FOR SPECIAL EDUCATORS

Edited by
Elizabeth Byrom
and
Ginger Katz

Association for the Advancement of Health Education

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HIV and AIDS

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PREFACE

This book has been produced through the collaborative efforts of The Council for Exceptional Children (CEC) and the Association for the Advancement of Health Education (AAHE) as part of the project *HIV Infection and AIDS Prevention Education: Interdisciplinary, Multicultural Approaches for Students and Teachers*. The project is funded through a cooperative agreement with the Division of School Health, Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control (CDC).

By working together, AAHE, CEC, and CDC are identifying resources that may facilitate the efforts of health educators and special educators who seek to teach special education students about HIV prevention. We strongly believe that controlling the spread of HIV among special populations and improving our abilities to address AIDS-related issues can only be achieved through such cooperative endeavors.

We are pleased to offer this booklet containing useful information about resources on HIV prevention education. We hope it will encourage and inspire special educators and health educators to work together and develop positive approaches for combatting one of the most devastating diseases in history.

Jeptha V. Greer
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HIV and AIDS

INTRODUCTION

PROJECT DESCRIPTION
HIV INFECTION AND AIDS PREVENTION: INTERDISCIPLINARY, MULTICULTURAL APPROACHES FOR STUDENTS AND TEACHERS

The Association for the Advancement of Health Education (AAHE) is conducting a five year project aimed at preventing the transmission of the human immunodeficiency virus (HIV) by promoting HIV prevention and AIDS (acquired immunodeficiency syndrome) education in comprehensive school health programs. The cooperative agreement is funded by the Division for Adolescent School Health, Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control.

In 1988, AAHE project staff sought the assistance of The Council for Exceptional Children (CEC) in (a) determining special educators' needs for information and materials about HIV prevention and (b) identifying HIV prevention curricula that may be appropriate for special education students. In January, 1989, AAHE and CEC conducted a national forum of experts in health education and special education to assess the status of HIV prevention education for special education students. The conclusions and recommendations of the forum are included in Section II of this booklet and may serve as a guide for the development of HIV prevention programs.

In addition to hosting the forum, AAHE and CEC have worked together on several endeavors that may benefit special educators. One major activity was to collect curricula developed by various education agencies across the nation and to convene a meeting of teams of health educators and special educators to review the curricula. The resulting curriculum related materials can be found in Section V of this booklet.

In 1990, the two organizations developed and began delivering training on HIV Prevention and AIDS Education for Children with Special Needs. The training model calls for teams of health educators and special educators to collaborate on the planning and delivery of instruction. The training is being conducted on a training-of-trainer basis through state and local education agencies (see Section VI).

The purpose of this booklet is to distribute the information and products resulting from the AAHE and CEC collaboration to as many special educators as possible. CEC and AAHE staff would like to express gratitude to the many individuals and organizations who generously contributed information and materials. We hope the materials will serve to educate special education students about ways of protecting themselves from HIV.

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OVERVIEW
THE COUNCIL FOR EXCEPTIONAL CHILDREN

The Council for Exceptional Children (CEC) is the only professional organization dedicated to improving the quality of education for *all* exceptional children and youth, both handicapped and gifted.

CEC is an international association of over 54,000 members located primarily in the United States and Canada. Members are teachers, administrators, teacher educators, students, support services professionals, and parents. Special divisions within the organization focus on the education of students with varying exceptionalities: giftedness, mental retardation, learning disabilities, visual impairments, communication impairments, physical disabilities, and behavior disorders. Other groups serve the interests of early childhood special educators, administrators, teacher educators, college students, diagnosticians, and those especially interested in technology, cultural diversity, career education, international programs, and research. CEC has local chapters in each state and all of the Canadian provinces. This organizational structure provides many channels through which members may enhance their knowledge and contribute to the field of special education.

Since its founding in 1922, CEC has been committed to providing exceptional students with appropriate educational experiences designed to nurture potential and support achievement. CEC's commitment encompasses four major priority areas:

1. **To advance the education of exceptional persons** by improving access to special education for underserved or inappropriately served populations, such as the gifted and talented, young adults over age 18, certain low incidence exceptionalities, and ethnic and culturally diverse students; and by extending special education to children who could benefit from, but are not now considered entitled to such services. Examples are children who are abused, neglected, suicidal, drug dependent, or who have AIDS.

   As a result of the passage of Public Law 99-457 in October 1986, adequate services are increasingly available for children with disabilities, including those under age 5. CEC's volunteer advocacy network and professional staff worked hard to promote the passage of this landmark U.S. federal legislation. Work continues for improvements in the programs and funding.

   CEC, in cooperation with the National Education Association, the American Federation of Teachers, and the National Association of School Nurses, Inc., has published Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting (see Section VI of this resource book for information on obtaining the guidelines).

2. **To improve the conditions under which professionals work with exceptional persons** through the establishment of professional standards of practice and a code of ethics for all professionals involved in the education of exceptional persons.

   CEC has completed a set of Standards and Guidelines for Curriculum Excellence in Professional Preparation Programs for Special Education, which is being used by The National Council for Accreditation of Teacher Education as the standards for special education training programs.

3. **To improve the quality of instruction provided exceptional persons** by supporting the development and dissemination of new knowledge, technology, methodology, curricula, and materials on a nationwide basis.

CEC's Annual Conventions provide opportunities for thousands of members and others interested in special education to share their expertise, renew their energy, and spend time networking with colleagues.

CEC is the host organization for several projects important to the education field, including the ERIC Clearinghouse on Handicapped and Gifted Children, Clearinghouse for Professions in Special Education, and the Center for Special Education Technology. CEC's Project RETOOL offers training in advanced applications of microcomputers in special education for postdoctoral leadership personnel.

CEC offers a variety of professional development opportunities including Academies for Professional Collaboration, Effective Instruction, Bilingual Special Education, and Career Education. State and local school districts may contract with CEC to provide Academies as inservice training.

4. **To advance The Council for Exceptional Children** by enhancing communication between the organization and its individual members, units, and other organizations involved with exceptional persons.

Through CEC's professional journals, *TEACHING Exceptional Children* and *Exceptional Children*, books, computer searches, and media products, and through collaborative projects with other professional associations, state-of-the-art information is continually made available to special educators.

OVERVIEW ASSOCIATION FOR THE ADVANCEMENT OF HEALTH EDUCATION

Mission Statement

The mission of the Association for the Advancement of Health Education (AAHE) is to advance health by encouraging, supporting and assisting health professionals concerned with health promotion through education and other systematic strategies.

Purposes and Objectives

The basic purpose of AAHE is to promote the advancement of health education by providing a focal structure for the encouragement, support and assistance of persons interested in concentrating their professional efforts on the improvement of health through the development and conduct of effective health education programs in educational institutions and other community settings.

In fulfilling the previously stated purpose, AAHE seeks to:

a. Provide information, resources and services regarding health education to professionals and the lay public.

b. Enhance a public awareness of the nature and purposes of health education.

c. Enlist support in the development and program implementation and evaluation of health education programs.

d. Foster the development and program implementation of the philosophical basis of health education practices.

e. Promote and interpret research relating to school and community health education.

f. Promulgate criteria, guidelines and evaluation procedures for assessing the effectiveness of preservice, inservice and

continuing professional education of health education personnel.

g. Determine curriculum needs and assist in the development and mobilization of resources for effective health education at all levels of education.

h. Facilitate communication between school and community personnel, and between professionals and the lay public, with respect to current health education principles, problems, and practices.

i. Provide leadership in establishing program policies criteria and evaluative procedures that will promote effective health education programs.

j. Inform the membership of current and pending legislation related to AAHE interests, and, upon request, provide professional and technical assistance in drafting pertinent legislation and related guidelines.

k. Maintain effective liaison with other national health education organizations.

HIV and AIDS

OUTCOMES OF THE NATIONAL FORUM ON HIV/AIDS PREVENTION EDUCATION FOR CHILDREN AND YOUTH WITH SPECIAL EDUCATION NEEDS

In February, 1989, representatives of more than 25 national organizations and governmental offices met at the headquarters of The Council For Exceptional Children to assess the status of HIV infection AIDS prevention education for special education students. The forum was conducted by The Association for the Advancement of Health Education as part of an HIV prevention education project funded by the Centers for Disease Control.

Presenters and participants in the forum worked toward and achieved three objectives:

1. Determination of the extent to which children and youth with disabilities are at risk for HIV infection.

2. Identification of the most appropriate curricular delivery approaches to meeting the HIV prevention education needs of children and youth with disabilities.

3. Determination of the extent and methods by which HIV prevention education and general health education needs of this population are being met at present.

After three days of presentations and discussions, forum participants reached conclusions and made a variety of recommendations that may assist educators in planning HIV prevention programs for special learners.

FORUM CONCLUSIONS

- All children, including special education students, need health education, which includes HIV infection prevention education.

- Health educators and special educators should work together in delivery of HIV infection prevention education for children and youth with special needs.

- HIV infection prevention education for children and youth with special needs is a shared responsibility of state departments of education and health, local school boards and health departments, school administrators, teachers of health education and special education, and parents/guardians of children with special needs.

- National and state level policies about communicable disease and HIV infection prevention should be utilized to focus attention on the need for education.

- Policies for implementing HIV infection prevention education for children and youth with special needs should be implemented at the local level but may be modeled after suggestions developed by national experts.

- Professional organizations in health education and special education should develop guidelines for health education, including

HIV infection prevention education for children and youth with special needs.

- Misunderstandings and misconceptions about HIV infection and AIDS need to be clarified for professionals, parents of children with special needs, and children with special needs.
- Special education teachers need preservice and inservice training in health education and HIV infection prevention education.
- Health education teachers need preservice and inservice training in effective instructional strategies for special learners.
- HIV infection prevention education should be incorporated into training programs for parents of special education students.
- There is a lack of educational and curricular resources in comprehensive health education and HIV infection prevention education for children and youth with special needs.
- HIV infection prevention curriculum and materials should be developed or modified so that different types of disabilities - cognitive, sensory, physical, behavioral - are addressed.
- Local education agencies should select HIV infection prevention curricula and materials appropriate for children and youth with special needs.
- Objectives on HIV infection prevention education and health education should be written into students' Individualized Educational Plans (IEP).
- HIV infection prevention education should focus on behavior.
- When youth with special needs are employed in settings where they might be at risk for HIV infection, they should receive appropriate risk reduction training.

FORUM RECOMMENDATIONS

Policy

- There is a need for educational organizations to compile and disseminate model policies for HIV infection prevention education and comprehensive health education for children and youth with special education needs.
- These policies must be entered into a variety of data bases, e.g. the Combined Health Information Database (CHID), Educational Resources Information Center (ERIC), and the National AIDS Information Clearinghouse.

Training

- Institutions of higher education and state and local education agencies should develop and provide preservice and inservice training for both health educators and special educators.

Preservice

(a) training material for higher education classes

(b) training of trainers for higher education faculty

(c) promoting collaboration among departments of health education and special education

Inservice

(a) training materials for teachers and administrators

(b) training of trainers for professional development specialists at the school district level

(c) within local education agencies collaboration among coordinators of health education and special education programs.

Statewide Activities

- State Education Agencies should
  - (a) determine training needs within the state
  - (b) facilitate and coordinate training within the state.

Curriculum

- Determine the number and source of existing comprehensive health education curricula that include HIV prevention.
- Identify model curricula in comprehensive health education and HIV infection prevention education appropriate for special education populations.
- Develop strategies for compilation and dissemination of model curricula.
- Support development of new curricula or modification of existing curricula as needed.

Instruction

- Develop strategies for ensuring that special education students receive appropriate comprehensive health education instruction whether it be in health education classes or special education classes.
- Develop mechanisms that facilitate collaboration between health education and special education teachers in providing instruction.
- State and local education agencies need to ensure that health education materials for special education students address their learning requirements.

HIV and AIDS

BASIC INFORMATION ABOUT HIV AND AIDS

Since the beginning of the AIDS epidemic, there has been a significant amount of misunderstanding about HIV and AIDS. The purpose of Section III of this resource book is to provide the basic facts about the virus, how it is transmitted, and how it can be prevented. Further, the section includes guidelines for special educators who occasionally come in contact with blood, vomitus, or other such fluids in the course of their work.

The text was originally published in *Responding to HIV and AIDS*, a special publication for members of the National Education Association. John E. Burger and James H. Williams were the editors. The text has been updated and edited for this booklet by D. Peter Drotman, M.D., M.P.H., Center for Infectious Diseases, Centers for Disease Control.

THE HIV AND AIDS BASICS

Acquired immunodeficiency syndrome (AIDS) was first reported in the United States in mid-1981. Since that time more than 170,000 people have been diagnosed with AIDS in the United States, and more than 100,000 have died. No cure exists, and AIDS is expected to claim increasing numbers of lives in the coming years.

As of mid-1989, an estimated one million people in the United States were infected with human immunodeficiency virus (HIV), the virus that causes AIDS. Many have no symptoms; they look and feel healthy. Because HIV infection can exist for years before any symptoms develop, some people may not even know they are infected with the virus. Anyone who has the virus can infect others, whether the infected person shows symptoms or not.

Research indicates that about fifty percent of those infected may develop AIDS within seven to ten years after infection, and that, eventually, all or nearly all HIV-infected persons become ill in some way because of their infection. Authorities project that by 1992, 365,000 persons will have developed AIDS, and 263,000 will have died. In 1992 alone, a predicted 66,000 persons with AIDS (called "PWAs" or "PLWAs" for persons living with AIDS) will die: That is more than the number of Americans who died in combat during the 11 years of the Vietnam War.

Accurate information and effective education are our best strategies to prevent the spread of HIV and reduce the number of deaths from AIDS. Curative treatments and preventive vaccines will take many years to develop. For the foreseeable future, the best way we can interrupt the transmission of HIV will be by changing personal behaviors. Education can help to effect this change by increasing our understanding of how the virus is spread. This, in turn, can reduce unnecessary fears about AIDS.

Educators must have complete and accurate information about HIV and AIDS. Educators can play a unique role in preventive education.

AIDS? HIV? WHAT'S THE DIFFERENCE?

The disease *AIDS* is a serious impairment in a person's natural immunity against disease. The disease AIDS usually has its onset years after the

person gets infected with the human immunodeficiency virus (HIV). HIV is the virus that causes AIDS, and it is HIV that is spread through sexual intercourse, sharing drug needles, and blood contact. The spread of HIV can happen regardless of whether the infected person feels sick or has any other symptoms. A person who is infected with HIV is diagnosed as having AIDS after the onset of certain severe illnesses.

HIV infects and kills certain types of white blood cells that help protect the body from infections. People infected with HIV are vulnerable to serious illnesses caused by bacteria, fungi, viruses, and protozoa, as well as some forms of cancer. These illnesses, which are usually not a threat to people with normally functioning immune systems, are called "opportunistic" because they need the opportunity of a weakened immune system to cause serious illness. It was unexpected clusters of cases of these opportunistic illnesses in previously healthy young men in 1981 that first led to the recognition of AIDS by epidemiologists.

HIV is a retrovirus. Retroviruses are species-specific, which means that HIV only infects humans (the "H" in HIV) and not animals or insects. HIV does not survive for long in the environment and cannot reproduce itself outside the human body; it is not spread through the air. Ordinary chlorine bleach and water will destroy HIV. The way HIV is transmitted is through direct contact with blood, semen, or vaginal secretions of an infected person. This contact is most often made through sexual intercourse with an infected person, the sharing of IV needles with an infected person, and from an infected mother to her baby during pregnancy, childbirth, or breastfeeding.

HOW IS HIV TRANSMITTED?

HIV is transmitted by sexual intercourse, needle sharing by drug users, and pregnancy. HIV does not discriminate; anyone can become infected. A person does not have to be gay, live in a big city, or be a drug user to become infected with HIV. All a person has to do is have sex with or reuse a needle used by someone who has the virus in order to become infected, too.

Sexual Transmission

HIV can be passed from infected men to women and from infected women to men through vaginal intercourse (penis in vagina). The virus can also be passed from infected men to other men or to women through anal intercourse (penis in rectum). Any sexual practices that cause small, often invisible tears in the vagina, penis, rectum, or mouth increase the likelihood of HIV transmission.

Some questions remain unanswered about the sexual transmission of HIV. For example, we are not sure why some sexual partners of HIV-infected persons have not become infected despite repeated sexual exposures. Scientists also have not yet fully documented how the virus gets from one sex partner to the other during vaginal intercourse, but they believe the presence of other infections of the penis, vagina, or cervix (the canal that leads to the uterus, or womb) is a risk factor. There is evidence that the virus is transmitted through oral sex (contact between the penis, vagina, or anus and the mouth); therefore, this sexual activity cannot be said to be risk-free.

With HIV, as with almost all sexually transmitted diseases, the risk of infection increases with the number of sexual partners. If a person does not have sexual intercourse and does not use IV needles, he or she cannot become infected. There is a very small risk (less than 1 in 40,000) of transmission of HIV through a blood transfusion. Couples who are not infected with HIV, who have sex only with each other, and who do not use IV needles or need blood treatments also have no risk of infection.

Safer Sex

Abstinence (not having sexual intercourse) and mutual monogamy among uninfected couples (sexual relationships with one partner for an extended period, such as in marriage) are the only 100 percent effective ways to avoid contracting HIV through sexual contact. The term "safer sex" describes any sexual contact that does not allow any contact with blood, semen, and vaginal secretions. Latex condoms (rubbers)—because they prevent contact with semen and vaginal secretions—can help prevent the spread of HIV through sexual intercourse. The effectiveness of condoms may be enhanced if they are used with a spermicide such as nonoxynol-9, which

has been shown to kill HIV in laboratory tests. Condoms and spermicidal foams, gels or other forms can be easily found in drug stores, pharmacies, and other stores or ordered through the mail.

For full protection, a condom must be used from start (when erection begins) to finish for each intercourse experience. Each condom can only be used once. Condoms should not be stored for extended periods of time in warm places (like a pocket wallet) because the heat can weaken them. Condoms made of latex offer better protection than those made from natural membranes, often called "lamb skins," because the virus is less likely to penetrate latex. The use of lubricants in conjunction with condoms can decrease the chances of tears in the condom or the vagina or rectum. Oil-based lubricants (like petroleum jelly) can cause latex to break and should not be used. Water-based lubricants (K-Y Jelly, for example) are preferred because they do not damage condoms.

Condoms can prevent other sexually transmitted infections that may increase a person's susceptibility to HIV. Condoms, however, are not foolproof; their effectiveness is lost if they are not used every time a person has sex or if they break, leak, or are not used properly.

Transmission of HIV from Injected Blood

Because small amounts of blood remain in needles or syringes after injection, sharing equipment already used to inject drugs of any kind into someone's body is *extremely risky*. Any equipment that is not sterile—whether it is used for self-medication, shooting illicit drugs, injecting steroids, piercing ears, or tattooing—may be contaminated with HIV or other harmful germs.

Studies of IV drug users in a few cities show that as many as 60 percent have been infected with HIV. Sharing needles among groups of people in "shooting galleries" is especially dangerous because many people share or rent a single needle.

Many illicit drugs are addictive and carry serious health risks along with the risk of HIV infection during needle sharing. If you use drugs, get help to stop. You can get help by talking with your parents, doctor, pastor, or school counselor or calling a national hotline. The NIDA sponsored drug helpline number is 1-800-662-HELP. If you cannot stop, do not share needles, or at least clean them with bleach and water before each use.

Before 1985, people who received blood and blood components were at risk for infection with HIV. This occurred before scientists discovered HIV. Some of the transfusion recipients, as well as patients with hemophilia who used blood clotting medicine made from donations of blood plasma, have developed AIDS, accounting for 3 percent of all AIDS cases. Since 1985, all U.S. blood and plasma donations have been tested for evidence of HIV infection. As a result, blood transfusions are much safer.

If you received blood transfusions between 1978 and 1985, you should discuss this with your physician or a counselor in a public health clinic.

Transmission During Pregnancy

A pregnant woman with HIV infection can pass the virus to her baby during pregnancy, delivery, or through breastfeeding.

Children born with HIV will probably develop AIDS and become seriously ill. For this reason, a woman with even a slight risk of being infected with HIV should have counseling and an HIV antibody test before becoming pregnant. A woman is at great risk if she has ever used IV needles or has had sex with IV drug users or with men who have had intercourse with other men.

Pregnancy itself may worsen serious health problems for women with HIV infection. Women who are infected with HIV should ask their doctors about the full range of family planning options available to them to avoid risking their health.

What Is Safe?

A person does not become infected with HIV by shaking hands, hugging, kissing, crying, coughing, sneezing, or giving or receiving massages. One also does not contract the virus from water in pools or baths, lakes or oceans, from food or beverages, from bed linens, towels, cups, dishes, straws, or other eating utensils, or from toilets, doorknobs, telephones, office equipment, or furniture. HIV is not transmitted through vomit, sweat, stool, or nasal secretions. Although the virus has been isolated in very small concentrations in tears, urine, and saliva of some persons who are infected with HIV, people

do not become infected with HIV through contact with these fluids. However, many other germs are passed by such contact. Therefore, lack of HIV risk is not an excuse for low standards of cleanliness and good personal hygiene. In addition, a person cannot get HIV from mosquito or other insect bites. (Unlike mosquito-transmitted viruses or parasites, such as yellow fever and malaria, HIV does not complete its life cycle or reproduce in these other insects.)

If you have a particular question about HIV transmission, call the National AIDS Hotline: 1-800-342-AIDS, Spanish: 1-800-344-SIDA, TTY: 1-800-AIDSTTY or your local AIDS information resources such as the city or county health department.

HOW CAN HIV INFECTION BE PREVENTED?

If you are not infected with HIV now, there is no reason for you to ever become infected. You can prevent becoming infected with HIV by stopping the passage of the virus from an infected person to you. Because HIV is most frequently transmitted by sharing needles or through sexual intercourse, you can protect yourself by making good decisions about your own behaviors.

Specifically, the U.S. Public Health Service recommends the following steps for *everyone* to reduce their chances of becoming infected with HIV:

- Recognize that abstinence or mutual monogamy is the best protection against sexual transmission of HIV.

- Do not have sexual intercourse with nonmonogamous partners or with persons who have multiple partners—including female or male prostitutes. The more partners you have, the greater your risk of infection. Using condoms correctly can reduce risk.

- Do not have sexual intercourse with persons with AIDS, persons who have engaged in risky behaviors, or persons who have tested positive for HIV antibodies. Remember that many persons with HIV infection look and feel healthy, but are capable of transmitting HIV to their sex partners. You cannot tell by a person's appearance whether he or she is infected. Using condoms can reduce risk of HIV transmission.

- From start to finish of each sexual contact, use a latex condom. Adding a spermicide, such as one containing nonoxynol-9, may provide extra protection.

- Avoid sexual activities that could cause cuts or tears in the lining of the rectum, vagina, or penis. Anal intercourse is believed to be particularly risky.

- Get treatment for any sexually transmitted diseases (STD). If you have a STD or have had sex with someone who has one, see your physician or public health clinic, or call the National STD Hotline: 1-800-227-8922.

- Do not use IV drugs. Do not share, borrow, or reuse needles or syringes for any kind of drug, including steroids. If you need information about where to receive counseling to stop using drugs, call the toll-free National AIDS Hotline: 1-800-342-AIDS, or National Drug Abuse Hotline: 1-800-662-HELP.

Your community can help prevent the spread of HIV by starting education programs, with special emphasis on activities for people most likely to engage in high-risk behaviors.

WHAT IS THE RISK FOR HETEROSEXUALS?

AIDS was once widely viewed as a "gay disease." We know that this is not true; HIV can be spread through vaginal intercourse from a man to a woman and from a woman to a man. In a study of spouses of persons infected with HIV, most spouses who did not abstain from intercourse or use condoms became infected with HIV even when they only practiced vaginal intercourse. Consistent use of condoms greatly reduced the frequency of HIV transmission to these spouses who were uninfected.

Results of studies in certain African countries where equal numbers of men and women have con-

tracted HIV infection have shown that heterosexuals are susceptible to HIV. In these countries, heterosexual intercourse is believed to be the major transmission mode in the spread of HIV. Multiple sex partners, the presence of other sexually transmitted diseases, and sex with prostitutes also seem to increase the risk of HIV infection.

The number of new AIDS cases related to HIV transmission through heterosexual intercourse is increasing much *faster* than cases related to homosexual intercourse. Abstinence, mutual monogamy, and condom use are the only ways to stop the further sexual transmission of HIV.

HOW DO CHILDREN GET AIDS?

In the United States, more than 2,500 children under age 13 have been diagnosed with AIDS. Even more have other serious illnesses resulting from HIV infection.

Approximately 80 percent of children with AIDS were infected by their mothers during pregnancy or delivery; 19 percent received contaminated transfusions or clotting factor concentrate before the blood supply was screened.

IS THERE DANGER OF A CHILD CONTRACTING HIV FROM FRIENDS OR SCHOOLMATES?

NO. Although transmission might occur as the result of direct exposure to the blood of an infected child, no cases of HIV infection are known or suspected to have been transmitted from one child to another in school, daycare, or foster care settings.

The U.S. Public Health Service recommends that, except in very unusual circumstances, children who have HIV infection or who have AIDS "should be allowed to attend school and after-school daycare and (when necessary) to be placed in a foster home in an unrestricted setting."

Each child's case should be evaluated individually, with special attention to the child's needs and the particular setting. Decisions affecting the schooling of an HIV-infected child should be made in the same manner as decisions for any child with special health problems.

HOW CAN EDUCATION HELP US STOP THE SPREAD OF HIV?

A major strategy to stop the spread of HIV and AIDS is education to improve our individual understanding of the virus and how it is transmitted. The ultimate goal of health education is to change those behaviors that can transmit HIV.

Educational programs can have noteworthy results. For example, education within gay communities has reduced the frequency of risky behaviors among gay men and has also radically slowed the rate of new HIV infections in some areas.

People who use drugs and share needles have been more difficult to influence through educational programs. Moreover, many heterosexuals do not believe they can become infected, and thus continue to practice high-risk behaviors.

WHAT IS THE HIV ANTIBODY TEST?

What many people call the "AIDS blood test" is not a direct test for AIDS itself. Although there are several licensed tests, each of them detects the same thing: antibodies to HIV.

Antibodies are proteins that a person's immune system produces in response to an infection—in this case, infection with HIV. There are different types of HIV antibody tests. The ones most commonly used include the "ELISA" (Enzyme-Linked Immunosorbent Assay), the "Western Blot," and the "IFA" (Immunofluorescent Antibody) tests. It may take two weeks to several months for antibodies to HIV to develop, so if somebody has recently been infected with HIV, they may not show antibodies when tested. However, any infected person is still capable of transmitting HIV to others, despite a negative antibody test.

SHOULD I GET TESTED?

If you think you have been at risk for HIV infection you should strongly consider being tested. There are direct and specific medical benefits for early detection of HIV infections. Once a person gets sick from HIV, the medical treatments may not be as effective. Still, the decision to be tested is personal, and should be made after discussing this question with a personal physician or counselor. If you are considering being tested, discuss this with your physician or other qualified counselor or health care provider. If you need information on where to find counseling and testing services, contact your local or state HIV Program Coordinator, or local AIDS information hotline. You can also call the National AIDS Hotline: 1-800-342-AIDS.

WHAT IS THE TESTING PROCEDURE?

After the person receives counseling and gives consent to be tested, a blood sample is drawn from the arm. The ELISA test is done first because it is the most sensitive of available tests. To minimize the possibilities of a false-positive result, a positive ELISA test should be repeated to confirm the result.

If the ELISA result is repeatedly positive, further testing should be done—such as with the Western Blot or the IFA test. These more specific antibody tests are used to confirm repeatedly positive ELISA results. Two positive ELISA tests backed up by a positive Western Blot or IFA test indicate the presence of HIV antibodies.

WHAT DO THE TEST RESULTS MEAN?

Negative HIV Antibody Results

A negative test result means that a person has not developed antibodies to HIV. It usually takes 6–12 weeks after infection to develop HIV antibodies. For this reason, if you have engaged in any risky behaviors in the months before the test, a negative test result may not reflect lack of HIV infection, but rather, recent infection and insufficient time for development of HIV antibody, and further counseling with possible retesting is recommended.

A negative test result does not mean that someone is immune to HIV and AIDS or that they cannot become infected in the future.

Positive HIV Antibody Results

A positive test result means that a person has been infected with HIV, will remain infected, and can transmit HIV to others:

- through anal, vaginal, or oral sex;
- by sharing needles;
- perinatally (to a baby before or during birth) or possibly through breast feeding;
- by donating blood, plasma, semen, tissue, or body organs.

A positive test result does *not* necessarily mean that a person has AIDS. Available data suggest, though, that the great majority of persons with HIV infection will develop AIDS in the absence of specific treatment. Nonetheless, many people who have tested positive, while still being capable of infecting others, have remained healthy for years after infection.

If you decide to take the HIV antibody test, counseling is strongly recommended, both before and after the test, to help you identify other services you may need and where you can obtain them and to help you sort out your feelings and maintain a healthy lifestyle.

Whether you take the test or not, and whatever the results, you should avoid putting yourself at risk in the future. Do not engage in risky activities. Always practice safer sex and never use needles.

HOW CAN SOMEONE GET TESTED?

Confidential counseling and HIV antibody testing are widely available on a voluntary basis. Counseling occurs both before and after the test.

Testing is often available at clinics or alternative health sites, or through public health departments.

Testing can also be accomplished through private physicians or some biomedical laboratories. You may have to make an appointment, and there may be a wait.

For more information on the HIV antibody tests, including what the medical benefits are and where to get counseling and testing, contact the AIDS hotline for your state, or the national AIDS hotline (1-800-342-AIDS).

ARE TEST RESULTS KEPT PRIVATE?

Different states have varying policies on HIV antibody testing. Many offer the tests free on either a "confidential" or "anonymous" basis. Some offer both.

- Testing is *confidential* when someone gives their name, and their test results become part of their confidential medical records. Public health departments have an excellent record of maintaining confidentiality of the clients/patients they serve. Their many decades of experience with confidential STD records have shown they are able to maintain a high degree of confidentiality.

- With *anonymous* testing, a person does not reveal their name; instead, a code and or number is used which must be presented in person at the test site to receive the results. This arrangement ensures that only you get the results. If you lose or forget your code, there is no way to match your result with your blood sample. You will have to provide a new blood sample to learn your infection status.

GUIDELINES FOR HANDLING BLOOD AND OTHER BODY FLUIDS IN SCHOOLS

Very simply, it is good hygiene policy to treat all spills of body fluids as infectious in order to protect personnel from becoming infected with any germs and viruses. The procedures outlined below offer protection from many types of infection, not just HIV, and should be followed routinely.

How Should Blood Be Handled?

- Wear disposable, waterproof gloves when you expect to come into direct hand contact with blood or blood-tinged substances (when treating bloody noses, handling clothes soiled by blood, or cleaning small spills by hand). Gloves used for this purpose can be put in a plastic bag or lined trash can, sealed, and disposed. Hands should be washed with soap and warm water after gloves are removed.

- If you have unexpected contact with blood or if gloves are not available (for example, when applying pressure to a bleeding injury outside the classroom, or helping a student in the bathroom), you should wash your hands and other affected skin with soap and water after the direct contact. This is recommended as a general hygiene measure, not just for HIV infection.

Handle any bloody disposable items (tissues, paper towels, and bandages, for example) with gloves and dispose of these items in the same manner as used gloves.

How Should Urine, Feces, and Vomitus Be Handled?

Most schools already have standard procedures in place for removing urine, feces, and vomitus substances. These policies should be reviewed to determine whether appropriate cleaning and disinfection steps have been included.

Handwashing

Proper handwashing requires the use of soap and warm water and vigorous washing under a stream of running water for at least 10 seconds. If hands remain visibly soiled, more washing is required. Scrubbing hands with soap will suspend easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse your hands under running water and dry them with a clean cloth, paper towels or a blow dryer.

Disinfectants

A solution of 99 parts water to 1 part household bleach (or 1/4 cup bleach added to one gallon of water) is effective, inexpensive, and readily available. It or other EPA-registered germicides should be used to clean spills or contaminated surfaces. Higher concentrations of bleach can be corrosive, and are unnecessary unless a surface is heavily soiled with organic material and cannot be precleaned before disinfection. Always follow label directions carefully and do not mix chemicals.

Disinfecting Hard Surfaces and Caring for Equipment

After removing the soil, apply a germicide (like the bleach/water solution described above) to the equipment used. Mops should be soaked in this solution after use and rinsed thoroughly with warm water. Non disposable cleaning equipment (such as dustpans and buckets) should also be rinsed in a germicidal solution. The solution should be promptly discarded down a drain pipe. Remove gloves and discard them in appropriate receptacles, and wash your hands as described above.

Laundry Instructions for Clothing Soiled with Blood

Contaminated clothes may be laundered with soap and water or dry cleaned. Pre-soaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual, following the directions provided by the manufacturer of the laundry detergent. If the material can be bleached, add 1/2 cup of household bleach to the wash cycle. If the material is not colorfast, add 1/2 cup of non-chlorine bleach to the wash cycle.

Note: Permission granted to photocopy this article.

HIV and AIDS

POLICIES, RESOLUTIONS, AND PRINCIPLES FOR AIDS PREVENTION EDUCATION

School officials who are seeking guidance in the creation of policies regarding students infected with HIV as well as HIV and AIDS prevention education may find the following policies and resolutions useful. The policies of The Council for Exceptional Children pertain to students with special health care needs and the management of infectious, communicable, and contagious diseases. The resolutions from the National Congress on Parents and Teachers (PTA) cover a range of issues including information dissemination, testing blood supplies, and placement of students infected with HIV.

THE PRESIDENT'S DOMESTIC POLICY COUNCIL'S PRINCIPLES FOR AIDS EDUCATION

The following principles were proposed by the Domestic Policy Council and approved by the President in 1987:

> Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive federal effort in AIDS education.
>
> The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.
>
> The federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
>
> Any health information developed by the federal government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.
>
> Any health information provided by the federal government that might be used in schools should teach that children should not engage in sex, and the information should be used with the consent and involvement of parents.

Note: Permission granted to photocopy these principles.

AAHE STATEMENT REGARDING HIV INFECTION PREVENTION EDUCATION

AIDS, a serious health problem, is currently an issue of concern to many Americans. The Association for the Advancement of Health Education recommends that accurate and current information about AIDS be a part of a comprehensive school health education instructional program. Because AIDS research information is changing rapidly, it is imperative that the educational process utilize professionally trained health educators.

Note: Permission granted to photocopy this statement.

STUDENTS WITH SPECIAL HEALTH CARE NEEDS (CEC, 1988)

The Council for Exceptional Children believes that having a medical diagnosis that qualifies a student as one with a special health care need does not in itself result in a need for special education. Students with specialized health care needs are those who require specialized technological health care procedures for life support and health support during the school day.

The Council believes that policies and procedures developed by schools and health care agencies that serve students with special health care needs should (1) not exclude a student from receipt of appropriate special education and related services; (2) not exclude a student from receipt of appropriate educational services in the least restrictive environment; (3) not require educational agencies to assume financial responsibility for non-educationally related medical services; (4) define clearly the type, nature, and extent of appropriate provider; (5) assure that placement and service decisions involve interdisciplinary teams of personnel knowledgeable about the student, the meaning of the evaluation data, and placement options; (6) promote a safe learning environment, including reasonable standards for a clean environment in which health risks can be minimized for all involved; (7) provide assurance that health care services are delivered by appropriate and adequately trained personnel; (8) provide appropriate medical and legal information about the special health care needs of students for all staff; (9) provide appropriate support mechanisms for students, families, and personnel involved with students with special health care needs; and (10) provide appropriate and safe transportation.

The Council for Exceptional Children believes that special education personnel preparation and continuing education programs should provide knowledge and skills related to: (1) the nature and management of students with special health care needs; (2) exemplary approaches and models for the delivery of services to students with special health care needs; and (3) the importance and necessity for establishing support systems for students, parents/families, and personnel.

Recognizing that this population of students is unique and relatively small, The Council for Exceptional Children still believes that the manner in which policies are developed and disseminated related to students with special health care needs is critically important to effective implementation. In development of policy and procedure for this low-incidence population, the following must be considered integral to any such process: (1) that it can be developed through collaborative efforts of health and education agencies at state, provincial, and local educational, health, and legal requirements; (3) that it provides for frequent review and revision of intervention techniques and programs as a result of new knowledge identified through research, program evaluation and monitoring, and other review mechanisms; (4) that policies are supported by data obtained from medical and educational professions; (5) that policy development is easily understandable by students, professionals, and the public at large; and (6) that policy development and dissemination should be a continual process and disassociated from pressures associated with precipitating events.

Note: Permission granted to photocopy this policy.

MANAGING COMMUNICABLE AND CONTAGIOUS DISEASES (CEC, 1991)

Controlling the spread of communicable and contagious diseases within the schools has always been a problem faced by educators, the medical profession, and the public. Effective policies and procedures for managing such diseases in the schools have historically been developed by health agencies and implemented by the schools. These policies and procedures were primarily designed to manage acute, temporary conditions rather than chronic conditions which require continuous monitoring and remove children from interaction with other children while the condition is contagious or communicable.

Recent public awareness of chronic infectious diseases such as those with hepatitis B-virus, cytomegalovirus, herpes simplex virus, and human immunodeficiency virus have raised concerns, necessitating the reassessment or at least clarification of school policies and procedures. The Council believes that having a chronic infection does not in itself result in a need for special education. Further,

The Council believes that schools and public health agencies should assure that any such infectious and communicable disease policies and procedures:

a. Do not exclude the affected child from the receipt of an appropriate education even when circumstances require the temporary removal of the child from contact with other children.

b. Provide that determination of a non-temporary alteration of a child's educational placement should be done on an individual basis, utilizing an interdisciplinary/interagency approach including the child's physician, public health personnel, the child's parents, and appropriate educational personnel.

c. Provide that decisions involving exceptional children's non-temporary alterations of educational placements or services constitute a change in the child's Individualized Education Program an hould thus follow the procedures and pro tions required.

d. Recognize that children vary in the degree and manner in which they come into contact with other children and school staff.

e. Provide education staff with the necessary information, training, and hygienic resources to provide for a safe environment for students and educational staff.

f. Provide students with appropriate education about infectious diseases and hygienic measures to prevent the spread of such diseases.

g. Provide, where appropriate, infected children with education about the additional control measures that they can practice to prevent the transmission of the disease agent.

h. Enable educational personnel who are medically at high risk to work in environments which minimize such risk.

i. Provide educational personnel with adequate protection for such personnel and their families if they are exposed to such diseases through their employment.

The Council believes that special education personnel preparation programs should

a. Educate students about infectious diseases and appropriate methods for their management.

b. Counsel students as to how to determine their level of medical risk in relation to certain diseases and the implications of such risk to career choice.

The Council believes that the manner in which policies for managing infectious (communicable and contagious) diseases are developed and disseminated is important to their effective implementation. Therefore the following must be considered integral to any such process:

a. That they be developed through the collaborative efforts of health and education agencies at both the state, provincial, and local levels, reflecting state, provincial and local educational, health and legal requirements.

b. That provision is made for frequent review and revision to reflect the ever-increasing knowledge being produced through research, case reports, and experience.

c. That policies developed be based on reliable identified sources of information and scientific principles endorsed by the medical and educational professions.

d. That policies be understandable to a variety of consumers including students, professionals, and the public.

e. That policy development and dissemination be a continual process and disassociated from pressures associated with precipitating events.

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RESOLUTION ON AIDS — INFORMATION AND DISSEMINATION (PTA, 1986)

Whereas, one object of the PTA is "to promote the welfare of children and youth in the home, school, community and place of worship;" and

Whereas, the AIDS epidemic has rapidly become one of the most complex public health problems in our nation's history, affecting both adults and children of all ages; and

Whereas, without education about how HIV is transmitted, the infection will spread at an alarming rate; therefore be it

Resolved, that the National PTA make available to its constituent bodies information on acquired immunodeficiency syndrome from medically related organizations such as the Centers for Disease Control, the American Academy of Pediatrics, and the U.S. Public Health Service of the U.S. Department of Health and Human Services; and be it further

Resolved, that the National PTA encourage its states, districts or regions, councils, and units, in cooperation with said medical groups and representatives of state departments of health and education, to conduct workshops and disseminate information on the disease's nature, transmission, and legal, social and emotional consequences, so that parents, students, educators, and the general public may be more knowledgeable as they encourage and consider state and local district policies addressing this issue; and be it further

Resolved, that the National PTA urge its constituent bodies to encourage health officials to support continued testing of supplies of blood in all blood banks prior to use, so that recipients of blood are not infected with HIV.

Whereas, 183 of the reported cases of acquired immunodeficiency syndrome (AIDS) were among children under the age of 18, as of August 1985; and

Whereas, none of the identified cases of HIV infection in the United States is known to have been transmitted in the school, day care or foster care setting; and

Whereas, the Centers for Disease Control, in consultation with several health associations as well as the National Association of Elementary School Principals and the Board of Directors of the National Congress of Parents and Teachers, released the following statement in August, 1985, "These children should be allowed to attend school and after-school day care and can be placed in foster homes in an unrestricted setting;" therefore be it

Resolved, that the National Congress of Parents and Teachers believes that in the case of diagnosed acquired immunodeficiency syndrome, the child's physician, public health officials, the parents or guardians of that child, and the appropriate school personnel should be responsible for determining the most suitable placement for that public school child; and be it further

Resolved, that the National Congress of Parents and Teachers discourage social displays that would seek to segregate, persecute or ban children with AIDS from school.

Note: Reprinted with permission from
The National PTA
700 North Rush Street
Chicago, IL 60611-2571
(312) 787-0977

Note: Permission granted to photocopy the policy.

HIV and AIDS

CURRICULUM INFORMATION FOR TEACHING ABOUT HIV INFECTION AND AIDS

During the 1988–1989 academic year, The Council for Exceptional Children and the Association for the Advancement of Health Education collaborated to provide special educators and health educators with information and tools they can use in teaching special learners about HIV and AIDS prevention. While there are very few curricula and materials designed specifically for special education students, there are quite a few that can be adapted or modified to meet the instructional needs of students with disabilities.

This section contains information about (a) the characteristics of a quality AIDS prevention curriculum, (b) considerations for determining whether a curriculum is appropriate for special education students, (c) specific curricula that may be appropriate if modified, (d) elements of a sample curriculum, and (e) a sample lesson plan.

PTA CHECKLIST FOR A GOOD AIDS CURRICULUM

The answer to each question should be Yes.

- Is the curriculum right for the age of the child? Children go through stages. The curriculum must be right for the stage.
- Does the curriculum help younger students get past their fear of AIDS?
- In grades 6 and up, students can talk about sex and health in more detail. Does the curriculum for the younger students (K–5) build a foundation for this?
- Does the curriculum say that sexual feelings are okay?
- Does the curriculum teach young children to refuse to allow someone to touch them if the touch is unwanted?
- Does the curriculum tell students how to prevent getting HIV and AIDS?
- Does the curriculum encourage students not to engage in sexual intercourse?
- Does the curriculum support students who do not want to have sex?
- Does the curriculum tell all students how condoms prevent AIDS if they do have sex in the future?
- Does the curriculum use words the students understand?
- Does the curriculum put stress on high-risk behaviors, not high-risk groups?
- Does the curriculum state strongly that anyone can get HIV and AIDS, regardless of race, sex, age or whether the person is heterosexual or homosexual?
- Students need a lot of time to learn and absorb and act on this new information. Is

there plenty of time (several class periods) for each student to learn the skills to make healthy decisions?

- Does the program pick teachers whom students trust and who are comfortable talking about AIDS and sex? Does it train teachers well?
- Do the non-English-speaking students get the same information in their own language?
- Is the same information given to students with vision and hearing problems and physical handicaps?
- Are the students taught in small groups?
- Does someone update the curriculum as new information becomes available?
- Will parents, students and other community people help set up the AIDS education program?
- Is there ongoing talk with parents about the curriculum?

Note: Permission granted to photocopy the checklist.

CONSIDERATIONS FOR EVALUATING HIV PREVENTION EDUCATION CURRICULUM AND MATERIALS FOR SPECIAL NEEDS POPULATIONS

TITLE: _____

Target Student Population: _____

Publication Date: _____

Publisher/Source name and address:

_____

_____

_____

_____

Reading Level: _____

: _____

CURRICULUM REVIEW

The following list of items is designed as a guide for educators who want to identify and select a quality curriculum that can be used to teach special education students about HIV and AIDS. The items address the essential ingredients of good curriculum as well as special considerations for exceptional learners. Many of the curricula available today are not designed specifically for special education students, but with careful planning, the good ones can be adapted.

To complete the review, put a check mark for each item that is sufficiently and appropriately addressed in the curriculum. Each item should be considered a positive aspect of a curriculum, which means that the higher the number of items checked, the better the curriculum.

I. Goals

- ☐ 1. Are there clearly stated goals?
- ☐ 2. Are the goals appropriate for special education students?
  - ☐ a. students with cognitive disabilities
  - ☐ b. students with physical disabilities
  - ☐ c. students with sensory impairments
  - ☐ d. students with emotional/behavior problems
- ☐ 3. Are the goals consistent with the Centers for Disease Control guidelines (*MMWR Guidelines for Effective School Health to Prevent the Spread of AIDS* - see Section VI of this resource book for publication source)

Comments: _____

_____

_____

II. Objectives

- ☐ 1. Are there clearly delineated learning objectives?
  - ☐ a. Are there cognitive objectives?
  - ☐ b. Are there affective objectives?
- ☐ 2. Are the objectives designed to lead to the accomplishment of the goals?

Comments: _____

_____

_____

III. Concepts

- ☐ 1. Are the concepts clearly identified for the particular ability level and age group?
- ☐ 2. Are all of the relevant concepts addressed?

YOUNG CHILDREN
(Pre-school/Primary Grades)

Focus

- ☐ reduction of fear
- ☐ positive feelings about oneself
- ☐ positive foundation about one's body
- ☐ appropriate/inappropriate touching
- ☐ appropriate/inappropriate sharing

Content

- ☐ body appreciation
- ☐ wellness and sickness
- ☐ friendships
- ☐ family types and roles
- ☐ assertiveness
- ☐ difference between genders
- ☐ serious diseases for children and adults
- ☐ avoidances and protection/cautions
- ☐ appropriate/inappropriate touching
- ☐ scientists are working to solve the problem

CHILDREN
(Late Elementary School Grades)

Focus

- ☐ resisting peer pressure
- ☐ family values
- ☐ body differentiation (pre-puberty/puberty)
- ☐ differentiation between fact and fantasy
- ☐ sexual feelings
- ☐ compassion for people who are ill

Content

- ☐ what is HIV infection?
- ☐ causes of disease, transmission
- ☐ natural sexual feelings
- ☐ relationship between body parts and function and body parts and disease
- ☐ talking about prevention (playing with needles, saying no, assertiveness

EARLY ADOLESCENCE
(Middle School/Junior High)

Focus

- ☐ protecting self and others from infection
- ☐ healthy behaviors (rather than medical aspects)
- ☐ establishing a value/belief system
- ☐ affirming such belief system
- ☐ analyzing opposing views
- ☐ respect for others
- ☐ peer pressure

Content

- ☐ sexuality as a positive aspect of self
- ☐ AIDS within the context of sexually transmitted diseases
- ☐ discouraging experimentation with and use of drugs and alcohol
- ☐ behaviors other than intercourse to express feelings
- ☐ process of decision making
- ☐ epidemiological information
  - transmission
  - prevalence
  - symptoms
  - medical outcomes
  - treatment
  - prevention
- ☐ condoms, how to use properly, limitations
- ☐ dangers of sharing needles and syringes for any reason: drugs, steroids, ear pierce, tattoo, razors, and other blood-contaminated items
- ☐ information on cleaning needles and syringes
- ☐ information resources in local community
- ☐ testing (promotes testing and post-test counseling)
- ☐ information on treatment for drug users

ADOLESCENCE AND YOUNG ADULTS
(High School)

Focus

- ☐ coping with disease
- ☐ sexually transmitted diseases, including HIV infection and AIDS

- ☐ parenting
- ☐ encouraging the delay of sexual intercourse
- ☐ responsibility to the community
- ☐ coping with death and dying
- ☐ attitudes and beliefs impact on decision making

Content

- ☐ transmission modes, specific behaviors described
- ☐ HIV and AIDS and its impact on society
- ☐ manifestations of HIV infection including AIDS
- ☐ testing for HIV infection
- ☐ prevention of HIV infection
- ☐ discussing responsibility with sexual partner
- ☐ assertiveness regarding sexuality and drug usage
- ☐ reduction of fear and myths

Comments: _____

_____

_____

_____

IV. Scope and Sequence

- ☐ 1. Will the units of instruction lead to the accomplishment of the objectives?
- ☐ 2. Is the scope and sequence compatible with the developmental characteristics of the target students?
- ☐ 3. Does the curriculum specify prerequisite concepts as well as those to be learned?
- ☐ 4. Does the curriculum provide appropriate learning activities?
- ☐ 5. Do the learning activities promote discussion among students?
- ☐ 6. Do the curriculum segments follow a logical sequence?
- ☐ 7. Does the curriculum address pre-conceptions, misconceptions, myths, and fears?

Comments: _____

_____

_____

V. Evaluation

- ☐ 1. Does the curriculum have an evaluation component, i.e., is there a way to determine whether the curriculum does what it is supposed to do?
- ☐ 2. Does the evaluation measure the extent to which both cognitive and affective objectives are met?
- ☐ 3. Is there an evaluation of the HIV prevention and AIDS education program, i.e., the implementation of the curriculum? (See p. 8 of the CDC MMWR booklet.)
- ☐ 4. Was the curriculum field tested prior to publication and dissemination?

Comments: _____

_____

_____

VI. Staff Development

- ☐ 1. Does the curriculum delineate knowledge and skills needed by teachers?
- ☐ 2. Does the curriculum provide suggestions for special educators to work with health educators in teaching special education students about HIV prevention and AIDS?
- ☐ 3. Does the curriculum contain a component that addresses staff development?
- ☐ 4. Do teachers need to be trained to teach about HIV prevention?

Comments: _____

_____

_____

VII. Parental and Community Involvement

- ☐ 1. Is the curriculum sensitive to the values of the community in which it will be implemented?
- ☐ 2. Have parents and community representatives reviewed the curriculum?
- ☐ 3. Have the students reviewed the curriculum?
- ☐ 4. Have medical personnel reviewed the curriculum?
- ☐ 5. Have educators reviewed the curriculum?

Comments: _____

_____

_____

VIII. Inter-Agency Cooperation

- ☐ 1. Does the curriculum contain a component that addresses inter-agency cooperation?
- ☐ 2. Does the curriculum implementation plan promote inter-office or inter-departmental cooperation?

Comments: _____

_____

_____

IX. Presentation and Format

- ☐ 1. Is information presented in an appealing format?
- ☐ 2. Can pages be added or removed, e.g., three ring binder?
- ☐ 3. Are there worksheets, transparencies, or other materials for teachers included in the curriculum?

Comments: _____

_____

_____

Summary

Reviewer's comments: _____

_____

_____

_____

_____

_____

Total number of items checked: _____

Reviewer's rating: (circle one)

1 2 3 4 5 6 7 8 9 10
poor good

Reviewer: _____ Date: _____

MATERIALS REVIEW

The following items are related to instructional materials aimed at teaching special education students about HIV infection prevention. Check all items that apply to the materials being reviewed.

I. Learner Characteristics

- ☐ 1. Are the materials designed to match the instructional or educational level of the target population(s)?
- ☐ 2. Are the materials appropriate for the target students' developmental levels?
- ☐ 3. Are the materials appropriate for learner's needs?
- ☐ 4. Are the materials oriented toward behavior change rather than just information transfer?
- ☐ 5. Are the materials adaptable? Are they designed such that the core information can be extracted and adapted for individual students?
- ☐ 6. Do the materials present a variety of strategies for teaching the same concept?
- ☐ 7. Are there opportunities for repetition and review?
- ☐ 8. Are terminology and vocabulary correct?
- ☐ 9. Is the language appropriate for the target audience?
- ☐ 10. Is the reading level appropriate for the target population?
- ☐ 11. Are the materials sensitive to particular features of the target population?
  - ☐ a. culture?
  - ☐ b. sexual orientation?
  - ☐ c. handicapping condition?

Comments: _____

_____

_____

II. Orientation

- ☐ 1. Do the materials emphasize responsibility and prevention?
- ☐ 2. Are the materials sensitive to the values of the target community?

- ☐ 3. Do the materials promote compassion for individuals with HIV infection or AIDS?
- ☐ 4. Do the materials emphasize risk behaviors, rather than risk groups?
- ☐ 5. Do the materials use generic references, such as "one's partner" - avoiding use of personal pronouns?
- ☐ 6. Do the materials use appropriate terminology in referring to people with HIV infection, e.g., "people with AIDS" rather than "AIDS victims"?

Comments: _____

_____

_____

III. Presentation

- ☐ 1. Are the design and layout of the material appealing?
- ☐ 2. Is there effective use of photographs and illustrations, and if so, are they appropriate for the target audience?
- ☐ 3. Do the materials support the use of a variety of media?
- ☐ 4. Are the teaching units well-organized?
- ☐ 5. Are various methodologies for teaching about HIV prevention described?

Comments: _____

_____

_____

IV. Content

- ☐ 1. Do the materials support the objectives of the curriculum?
- ☐ 2. Do the materials provide accurate and current information?
- ☐ 3. Are the materials of high interest?
- ☐ 4. Do the materials promote concept development and generalization?
- ☐ 5. Do the materials promote reasoning and decision-making?
- ☐ 6. Are complete, understandable directions for use provided?
- ☐ 7. Are supplemental materials suggested?
- ☐ 8. Was the material field tested before publication?

Comments: _____

_____

_____

Summary

Reviewer's comments: _____

_____

_____

_____

_____

_____

Total number of items checked: _____

Reviewer's rating: (circle one)

1 2 3 4 5 6 7 8 9 10

poor good

Reviewer: _____ Date: _____

Note: Permission granted to photocopy curriculum and materials review forms.

HIV PREVENTION CURRICULA RECEIVING FAVORABLE REVIEWS

The following curricula were reviewed by a team of special educators and health educators participating in an HIV Prevention Education Project conducted by The Association for the Advancement of Health Education and The Council for Exceptional Children. The curricula listed below received a rating of at least 8 on a 1 to 10 scale, with 1 being "Poor" and 10 being "Excellent." Although these curricula were not designed specifically for special education students, reviewers believe they can be adapted to meet exceptional students' instructional needs.

AIDS Instructional Guide — Grades K–12
New York State Education Department
The University of the State of New York
Bureau of Curriculum Development
Albany, NY 12234

AIDS Prevention Through Education — Sample Curriculum
South Dakota Department of Education
700 Governors Drive
Pierre, SD 57501-7841

Instruction About AIDS in Wisconsin Schools
Wisconsin Department of Public Instruction
1255 S. Webster Street
P.O. Box 7841
Madison, WI 53707-7841

AIDS Supplemental Guide — Health Education
Hawaii Department of Education
Office of Instructional Services
General Education Branch
P.O. Box 2360
Honolulu, HI 96804

AIDS Education — Supplemental Teaching Guide
Columbus Health Department, AIDS Program
181 Washington Boulevard
Columbus, OH 43215

Education Guide to AIDS and other STDs
Stephen R. Sroka, Ph.D.
Lakewood, OH 44107

Sample AIDS Curriculum - Scope and Sequence

	AIDS IS A DISEASE	AIDS IS PREVENTABLE	AIDS AFFECTS US ALL	AIDS HELP IS AVAILABLE
	Concept: There are some diseases that are infectious. AIDS is an infectious desease.	**Concept:** There are learnable skills that will lead to a healthful lifestyle. There are also specific methods of prevention for HIV infection.	Concept: There are some social and economic implications of AIDS.	Concept: There are community and area resources for information, help, and counseling.
	Goal I: Students will recognize the causes and characteristics of infectious and non-infectious deseases.	**Goal II:** Identify the methods of prevention for HIV infection.	**Goal III:** Evaluate the effects of disease on individuals, families, communities, and societies.	**Goal IV:** Recognize the roles and responsibilities of local, state, and national health professionals, organizations, and agencies.
	The student will:	**The student will:**	**The student will:**	**The student will:**
KINDERGARTEN	• Describe the difference between being sick and being well. • Understand that some diseases are "caught" and some are not "caught."	• Identify and practice healthy behaviors that reduce the chance of becoming sick.	• Recognize that people need friends both when they are well and when they are sick.	• Identify health helpers.
FIRST	• Identify common infectious and non-infectious diseases. • Describe how common communicable diseases are usually spread.	• Identify and practice healthy behaviors that reduce the spread of infectious diseases.	• Describe how family members show care and help one another during times of illness.	• Explain why immunizations are given before entering school.
SECOND	• Understand that communicable diseases are spread from one person to another in a chain effect.	• Explain how good health habits prevent disease. • Understand personal responsibility in the prevention and control of disease.	• Recognize death as a natural step in the life of animals and humans. • Recognize the need to express emotions about death and loss to friends and family.	• List local health resources including the health department and licensed professionals.
THIRD	• Understand that some diseases are caused by microorganisms including viruses and bacteria. • Understand that the immune system helps protect the body from disease.	• Identify infectious diseases that have been controlled. • Identify personal actions necessary for continued control of these diseases.	• Understand the effect of an epidemic on a community.	• Understand that scientists all over the world are trying to find new treatments for diseases caused by microorganisms.
FOURTH	• Identify AIDS (acquired immunodeficiency syndrome) as a disease that is difficult to get. • Explain how the AIDS virus infects key parts of the body's immune system.	• Understand personal responsibility in seeking accurate health information. • Discuss the routes of transmission of the AIDS virus.	• Discuss how lack of accurate information leads to anxiety, uncertainty, and fear.	• Identify local resources which provide accurate information about AIDS.

Sample AIDS Curriculum - Scope and Sequence (Continued)

	AIDS IS A DISEASE	AIDS IS PREVENTABLE	AIDS AFFECTS US ALL	AIDS HELP IS AVAILABLE
FIFTH	• Explain the structure and function of the reproductive system.	• Discuss the importance of making responsible decisions that promote good health.	• Explain the importance of taking responsibility for oneself and others. • Explain the importance of self-respect.	• Discuss state resources which provide accurate information about AIDS.
SIXTH	• Understand the modes of transmission of HIV (human immunodeficiency virus) and other STDs (sexually transmitted diseases).	• Review and practice decision making skills.	• Discuss the abuse of alcohol and drugs as it affects behavior.	• Understand the role of the local and state health departments and the Centers for Disease Control in health promotion and disease control.
SEVENTH	• Review in detail the immune system and the effects of HIV on it.	• Explain the routes of transmission of HIV. • Discuss those behaviors which put individuals at high risk for getting HIV infection.	• Examine the consequences that acquiring HIV has on an individual, family, and community.	• Review local resources available for AIDS information.
EIGHTH	• Compare infectious and non-infectious deseases. • Analyze the routes of infection of common infections including HIV.	• Analyze risk behaviors and relate them to the chain of infection. • Discuss ways the HIV chain of infection can be broken.	• Analyze public reaction to persons with AIDS and identify reasonable and unreasonable reactions. • Examine the consequences of choosing unhealthy behaviors on the individual, family and community.	• Discuss the responsibility of the media in giving accurate information about AIDS.
NINTH THROUGH TWELFTH	• Identify and list the causes, routes of transmission, and symptoms of AIDS and other STDs. • Describe the phases of HIV infection. • Explain how a healthy immune system functions and what happens when the immune system is infected by HIV. • Apply information concerning HIV and AIDS to the communicable disease chain.	• Understand importance of abstaining from sexual activity until a mutually monogamous relationship is established within the context of marriage. • Understand the importance of abstaining from drug use. • Identify behaviors that reduce the risk of acquiring HIV infection. • Review and practice decision-making skills.	• Distinguish facts, myths, opinions, and unknowns relating to HIV and AIDS. • Examine ethical issues related to AIDS: a. right to know vs. confidentiality b. testing c. discrimination. • Examine the physical, emotional, and family needs of people with AIDS and the financial costs of caring for them. • Demonstrate ways to show caring for a person with AIDS.	• Compare health and health-related organizations which provide AIDS information for individuals and groups. a. health department b. family physician c. counseling services d. self-help groups e. social service support f. testing programs g. substance abuse treatment programs h. mental health services i. religious organizations j. hot lines k. hospital • Consider how each AIDS related resource fulfills a responsibility, where there are omissions or overlaps and what remains to be done. • Discuss the issues related to the financial impact of AIDS on individuals, families and societies.

Note: Permission granted to photocopy the scope and sequence.
This scope and sequence is reprinted with permission from the South Dakota Department of Education's curriculum *AIDS Prevention Through Education.*

SAMPLE LESSON PLAN: HANDLING PRESSURE TO HAVE SEX

This lesson plan is based on the South Dakota Department of Education's curriculum scope and sequence found on the preceding pages. The lesson content is an adaptation of a "learning opportunity" suggested in William Yarber's *AIDS: What Young Adults Should Know*, a publication of the Association for the Advancement of Health Education (See Section VI for more information). The lesson structure is drawn from training materials for CEC's *Academy for Effective Instruction*, which have recently been revised by Anita Archer and Steve Isaacson.

Population

This lesson is adapted for adolescents with mild cognitive disabilities. With additional modifications, it may be appropriate for other student populations.

Curriculum Strand

AIDS is a preventable disease.

Curriculum Concept

There are skills to practice that will lead to a healthful lifestyle. There are also specific methods of prevention for HIV infection.

Curriculum Goal

Identify the methods of preventing, treating, and controlling diseases.

Lesson

Handling Pressure to Have Sex

Purpose

To provide students with models of and practice in responding to pressure.

Objectives

The student will:

1. Describe how one refuses sexual advances, particularly without offending others.
2. Create and practice refusal lines in response to pressure lines.

Materials

Worksheet and pencils

Time

30 minutes

Prior Knowledge

Students will have demonstrated an understanding of the types of situations that might lead to pressure for young adults to have sex.

Students will have demonstrated knowledge of some of the factors that might help a young person resist pressure to have sex.

Students will have demonstrated knowledge of the linkage between sexual behavior and the risk of HIV infection.

Lesson Structure

Opening

1. **Attention**: Gain attention of learners.

   Use a verbal prompt to gain attention (e.g., "Look here,"; "Listen."; "Class is beginning.").

2. **Review**: Review relevant past learning.

   Link today's lesson with prior knowledge and ensure that students have the necessary preskills. For example, guide students in correcting independent work or homework. Re-teach skills as necessary.

3. **Goal:** Communicate the goal of the lesson.

   Tell the students what is to be learned and what they will be doing. Example, "Today we are going to learn how to handle pressure to have sex."

Body

1. **Model**: Provide input on the skill.

   Model the skill for your students. Remember that modeling is much more powerful

than telling. For example, select one of the Pressure Lines listed in the worksheet accompanying this lesson and demonstrate a Refusal Line for your students.

2. **Prompt:** Provide prompted practice.

   Guide or prompt the students in performing the behavior. For example:

   Teacher: Let's look at the pressure line together ("Everyone is doing it"). Is it accurate?

   Students: No.

   Teacher: How can we respond to this statement?

   Students: I do what I decide to do, not what somebody else does.

   Keep the wording consistent with the wording used in the model. Carefully monitor student responses during the prompt, and provide corrective feedback. Continue the prompted practice until students have demonstrated a very high level of proficiency.

3. **Check:** Provide unprompted practice.

   Supervise the students as they work in pairs to create refusal lines for each of the pressure lines on the worksheet.

   Have students role play by saying the pressure lines and concomitant refusal lines.

Close

1. **Review:** Review the lesson content.

   Discuss the various kinds of pressure lines and refusal lines. Set them in the context of refusing sexual advances without offending others.

2. **Preview:** Preview content of next lesson.

   Identify other behaviors that reduce the risk of acquiring HIV infection.

3. **Independent Work:** Assign homework or seatwork.

   If students need additional practice with refusal lines, have them complete the worksheet individually. Teachers should check the readability level and make appropriate modifications to the text.

WORKSHEET
FROM *AIDS: WHAT YOUNG ADULTS SHOULD KNOW*
HANDLING PRESSURES TO HAVE SEX

Directions: Create refusal or argument lines for each statement below. Also, write in other pressure lines that are not given, and then create the refusal line. Practice the refusal lines with another student.

1. *Pressure Line:* Everyone is doing it.

   Refusal Line: I don't believe that everyone is having sex. Anyway, I decide what to do based on what is best for me, not what others are doing.

2. *Pressure Line:* Sex is a way of proving our love for each other.

   Refusal Line: _____

3. *Pressure Line:* A relationship cannot be complete unless there is sex.

   Refusal Line: _____

4. *Pressure Line:* Let's try it just once.

   Refusal Line: _____

5. *Pressure Line:* I've got to have sex.

   Refusal Line: _____

6. *Pressure Line:* We don't need to use a condom the first time we have sex since we've been friends a long time.

   Refusal Line: _____

7. *Pressure Line:* _____

   Refusal Line: _____

8. *Pressure Line:* _____

   Refusal Line: _____

Note: Permission granted to photocopy the lesson plan and worksheet.

HIV and AIDS

RESOURCES

The following materials and services are additional resources for special educators who want to teach their students about HIV prevention and AIDS.

MATERIALS

Learning AIDS: An Information Resources Directory

This book contains information on more than 1,700 books, brochures, pamphlets, audiotapes, videotapes, films, and instructional programs.

Available from:

American Foundation for AIDS Research
1515 Broadway, Suite 3601
New York, NY 10036
212/719-0033

MMWR Guidelines for Effective School Health Education to Prevent the Spread of AIDS

The pamplet provides the basic elements of an HIV prevention education program.

Available from:

Massachusetts Medical Society
C.S.P.O. Box 2120
Waltham, MA 02254-9120

or

National AIDS Information Clearinghouse
1 (800) 342-AIDS 2437

Responding to HIV and AIDS

Section III of this resource book was borrowed from this publication.

Available from:

The Health Information Network
100 Colony Square
Atlanta, Georgia 30361
404/875-8819

AIDS: What Young Adults Should Know

This booklet of learning opportunities was developed for the Association for the Advancement of Health Education.

Available from:

The American Alliance for Health, Physical Education, Recreation, and Dance
1900 Association Dr.
Reston, VA 22091
1/800/321-0789

Summary of the National Forum on HIV/AIDS Prevention Education for Children and Youth with Special Education Needs

Section II of this resource book is excerpted from the report of the forum that was co-sponsored by AAHE, CEC, and CDC.

Available from:

The Association for the Advancement of Health Education
1900 Association Dr.
Reston, VA 22091
703-476-3437

Does AIDS Hurt?
This book contains suggestions for teachers, parents, and other care providers of children to age 10.
Available from:
Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
1/800/321-4407

Someone at School has AIDS: A Guide to Developing Policies for Students and School Staff Members Who are Infected with HIV
Available from:
National Association of State Boards of Education
1012 Cameron Street
Alexandria, VA 22314
703/684-4000

AIDS Education for the Deaf
Write for information about products and services.
Available from:
8350 Santa Monica Blvd., Suite 103
West Hollywood, CA 90069
213/654-5822 (TTD)
213/654-5942 (voice)

Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting
The purpose of this document is to assist health and education professionals in the management of children with special health needs in educational settings.
Available from:
The Council for Exceptional Children
1920 Association Dr.
Reston, VA 22091
703/620-3660

Effie Dolls
Anatomically correct cloth dolls
Available from:
Judith Franning
4812 48th Ave.
Moline, IL 61265

Body Charts
Life size graphic charts
Available from:
Planned Parenthood of Minnesota
1965 Ford Parkway
St. Paul, MN 55116

Hal's Pals
Dolls with disabilities
Available from:
JESANA Ltd.,
P.O. Box 17
Irvington, NY 10533

Wrap It Up!
A rock and roll message for safer sex
Available from:
Tulare County Children's Mental Health Services Consortium
3350 S. Fairway Suite A
Visalia, CA 93227
209/733-6944

DATABASE

AIDS School Health Education Database (CHID)
This unique database contains over 42,000 bibliographic citations covering the field of health information and education. Subfiles of the database include information on AIDS Education as well as AIDS School Health Education. You can access CHID through a library or by personal computer with a modem and a subscription to Bibliographic Retrieval Services (BRS). Call BRS at 800/345-4277. For more information about the database, contact:

National Institutes of Health
Box NDIC (CHID)
Bethesda, MD 20892
301/468-2162

HOTLINES

National AIDS Information Line

English-speaking - 1-800-342-AIDS
1-800-342-2437
Spanish speaking - 1-800-344-SIDA
1-800-344-7432
Hearing impaired - 1-800-AIDSTTY
1-800-243-7889

STD (Sexually Transmitted Diseases) National Hotline

1-800-227-8922
In California, 1-800-982-5883
In Alaska and Hawaii, call your local health department.

National Drug Abuse Hotline

1-800-662-HELP

TRAINING

The Association for the Advancement of Health Education and The Council for Exceptional Children are collaborating on the delivery of training on HIV Prevention Education for Special Education Students. Working through State Education Agencies, AAHE and CEC trainers show teams of health educators and special educators how to plan and deliver instruction on HIV prevention. For more information about the training, contact the Health Education Coordinator in your State Department of Education, AAHE (703/476-3437), or CEC (703/620-3660).